

ATTACHMENT
C
PART 5

Eye Exam

age 30

-1.00-0.75x105
15

SUBJECTIVE:

Have red glasses were not strong enough
Did not appear for scheduled appointment

ADDITIONAL DIAGNOSIS

PHYSICIAN'S SIGNATURE

D. Olson, M.D.

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE☐ ON CALL☐ ROUTINE☐ EMERGENCY☐ 24 HOURS☐ EMERGENCY

CORRECTED VISION

D. OLSON, M.D.

CONSULTATION REPORT

PATIENT EXAMINED ☒ YES ☐ NO

VISUAL ACUITY Distance OD 20/50 OS 20/50

TONOMETRY:

OD

OS

Near OD 37m OS 37m

EXTERNAL

Normal 70 Squint

INTERNAL

Media clear, fundus normal

REFRACTION

OD -1.50 -0.50x160 20/20
OS -1.75 -0.50x25 20/20

DIAGNOSIS

VA CMA

ANALYSIS

requires prescription of glasses for distance

PLAN

order BOP Rx for full time wear.

(Continue on reverse side)

SIGNATURE AND TITLE

Christian J. Howard

DATE

2/7/01

ENTIRE AT TEST

ORGANIZATION

FCI McKean

REGISTER NO.

51627-060

WARD NO.

Lppers, Kevin

2/7/01

CONSULTATION SHEET

Medical Record

D. Olson, MD
Clinical Director

STANDARD FORM NO. 100-10.1

Eye Exam

SUBJECTIVE:

"NEEDS B. Bonds"
has always worn glasses

PERSONAL DIAGNOSIS

DATE OF EXAM

APPROVED

PLACE OF CONSULTATION

☐ ROUTINE

☐ URGENT

☐ BEDSIDE

☐ ON CALL

☐ 24 HOURS

☐ EMERGENCY

DATE RECEIVED

D. OLSON, M.D.

CONSULTATION REPORT

PATIENT EXAMINED ☒ YES ☐ NO

OD

VISUAL ACUITY

Distance

OD 20/100 OS 20/150

TONOMETRY:

OS

Near

OD 37 OS 37 squint

EXTERNAL

Normal 70

INTERNAL

Media clear, fundus normal 52 x 24 x 6

REFRACTION

OD -1.00 -0.75 x 105 20/20
OS -1.00 -0.75 x 15 20/20

DIAGNOSIS

CMA

RECOMMENDATION

needs Rx to see distance clearly

order B&P Rx for full time wear

(Continue on reverse side)

NAME AND TITLE

Christian J. Howard

DATE

2/10/95

DATE

ORGANIZATION

REGISTER NO.

WARD NO.

FCI McKean

UNIT, RATE, HOSPITAL OR MEDICAL FACILITY

Singer, Kern

51627-060

D. OLSON, M.D.
CLINICAL DIRECTOR

CONSULTATION SHEET

Medical Record

STANDARD FORM 113-101-1-1
Revised 10/1/84

FEDERAL BUREAU OF PRISONS
FCI MCKEAN

ID:51627-060

DATE: 9/23/03

AUDIOGRAM (Cal: ANSI S3.6-1989)

	250	1K	500	1K	2K	3K	4K	6K	8K
RT	00	05	00	00	15	00	00	05	
LT	00	05	05	00	10	20	15	15	

SN:19397

CAL: 0073 OP:

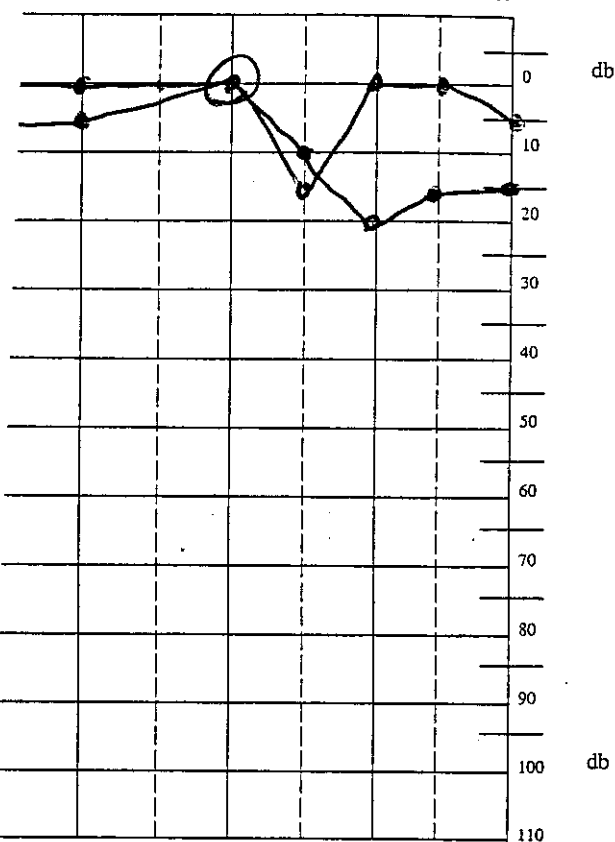
Signature: *[Signature]*

REMARKS:

UDIOGRAM

(69 REFERENCE LEVELS)

1000 2000 4000 8000 0 Hz

MASKING LEVEL
IN OPPOSITE EAR

	125	250	500	1000	2000	4000	8000	
BC								BC
AC								AC

FOR 1951 ASA LEVELS, SUBTRACT VALUES SHOWN: 9DB

15	14	10	8.5	6	11.5
10	8.5	8.5	9.5		

EXAMINERS INITIALS	SPEECH AUDIOMETRY											
	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)				PURE TONE AVERAGES		
	1	2	3	4		1	2	3	4	EAR	TWO FREQ.	THREE FREQ.
RIGHT EAR					RIGHT EAR					EAR		
LEFT EAR					LIST MASKING LEVEL					RIGHT		
MASKING LEVEL					LEFT EAR					LEFT		
					LIST MASKING LEVEL							

REMARKS

Reviewed by: D. C. [Signature]
9/25/03

WORK DETAIL

Audiometer Used

EXAMINER

NAME

REG. NUMBER

AGE

INSTITUTION

DATE

Siggers,

51627-060

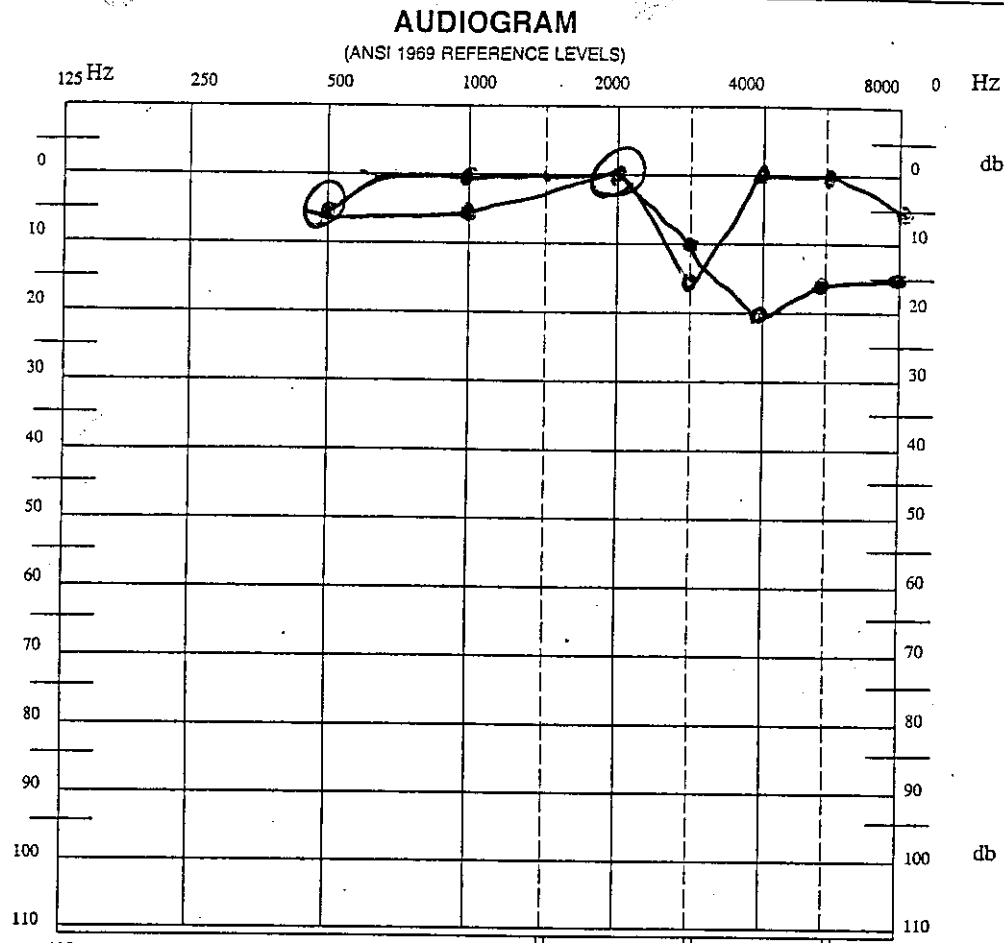
MCKEAN

9/23/03



CODE	
AIR UNMASKED	
RIGHT	○ — ○ RED
LEFT	X — X BLUE
AIR MASKED	
RIGHT	△ — △ RED
LEFT	□ — □ BLUE
BONE UNMASKED	
RIGHT	< --- < RED
LEFT	> --- > BLUE
BONE MASKED	
RIGHT	◁ --- ▷ RED
LEFT	▷ --- ▷ BLUE
THRESHOLD OF DISCOMFORT	
RIGHT	U — U RED
LEFT	U — U BLUE
NO RESPONSE	
OTHER (Specify)	

HEARING THRESHOLD LEVEL IN DECIBELS (db)



FOR 1951 ASA LEVELS, SUBTRACT VALUES SHOWN: 9DB

15 14 10 8.5 8.5 6 9.5 11.5

EXAMINERS INITIALS	SPEECH AUDIOMETRY											
	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)				PURE TONE AVERAGES		
	1	2	3	4		1	2	3	4			
RIGHT EAR					RIGHT EAR					EAR	TWO FREQ.	THREE FREQ.
LEFT EAR					LIST MASKING LEVEL							
MASKING LEVEL					LEFT EAR					RIGHT		
					LIST MASKING LEVEL					LEFT		

REMARKS

Reviewed by D. Olson, M.D.
9/25/03

WORK DETAIL

AUDIOMETER USED

EXAMINER

NAME

REG. NUMBER

AGE

INSTITUTION

DATE

Whicor
Siggers,

51427-060

Mckean

9/23/03



ID:51267-060

DATE: 10/10/02

AUDIOGRAM (Cal: ANSI S3.6-1989)

	250	1K	500	1K	2K	3K	4K	6K	8K
RT	10	25	10	05	15	10	15	20	
LT	10	15	05	15	20	20	15	25	

SN:19397

CAL:0023

OP:

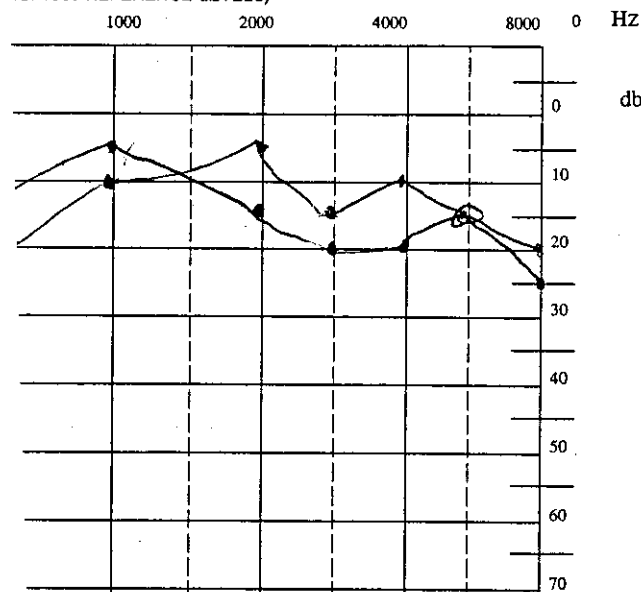
Signature:

REMARKS:

Siggers 32

AUDIOGRAM

NSI 1969 REFERENCE LEVELS)



OTHER (Specify)

MASKING LEVEL
IN OPPOSITE EAR

FOR 1951 ASA LEVELS, SUBTRACT VALUES SHOWN: 9DB

SPEECH AUDIOMETRY

EXAMINERS INITIALS	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)				PURE TONE AVERAGES		
	1	2	3	4		1	2	3	4	EAR	TWO FREQ.	THREE FREQ.
RIGHT EAR					RIGHT EAR							
LEFT EAR					LEFT EAR							
MASKING LEVEL					LEFT EAR							

REMARKS

Reviewed by D. Olson
Date: 10/25/03

WORK DETAIL

AUDIOMETER USED

EXAMINER

NAME

REG. NUMBER

AGE

INSTITUTION

DATE

Siggers

51267-060

32

FCI MCKEAN

10/10/02



AUDIOMETRIC EXAMINATION

ID:51627-060

DATE: 9/28/00

AUDIOGRAM (Cal: ANSI S3.6-1989)

250 1K 500 1K 2K 3K 4K 6K 8K
RT 05 10 00 05 20 20 15 15
LT 05 10 05 05 15 15 15 20

SN:19397

CAL:0023

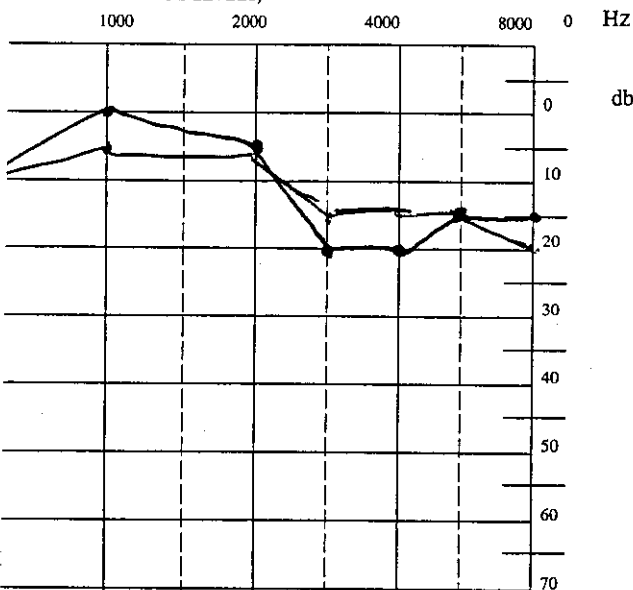
OP: C. Rymer, Lw

Signature: _____

REMARKS:

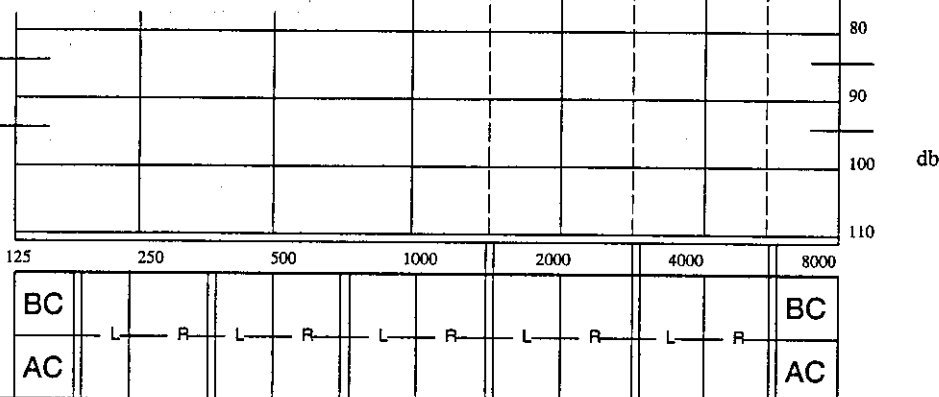
AUDIOGRAM

(SI 1969 REFERENCE LEVELS)



OTHER (Specify)

MASKING LEVEL
IN OPPOSITE EAR



FOR 1951 ASA LEVELS, SUBTRACT VALUES SHOWN: 9DB

15 14 10 8.5 6 11.5
10 8.5 9.5

SPEECH AUDIOMETRY

EXAMINERS INITIALS	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)				PURE TONE AVERAGES		
	1	2	3	4		1	2	3	4			
RIGHT EAR					RIGHT EAR					EAR	TWO FREQ.	THREE FREQ.
LEFT EAR					LIST MASKING LEVEL					RIGHT		
MASKING LEVEL					LEFT EAR					LEFT		
					LIST MASKING LEVEL							

REMARKS

10/25/00

D. Olson, MD

Clinical Director

WORK DETAIL

EXAMINER

NAME

REG. NUMBER

AGE

INSTITUTION

DATE

UNICON
Siggers, Kenei

51627-060

30

FBI McKean

9/28/00



Eyeglasses Prescription

TRAY NO.		ARRIVAL DATE		PRESCRIPTION NO.				
INSTITUTION:								
CITY								
STATE				ZIP				
LENSES				<i>Siggers, Kevin</i> 51627-060 <i>FCI - Mike. dx</i>				
EXTRA								
FRAME OR MTG								
MISC								
DISTANCE	R	SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	IN DEC OUT	
	L	-1.75	-0.50	150				
ADD	R			SEGMENT INSTRUCTIONS		PUPILLARY WIDTH		
	L			HEIGHT	WIDTH	INSET	DIST. NEAR	
SEG. STYLE	ORTH. F. TILLER D	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCAI AND TYPE	STRAIGHT TOP	
	22	22	22-24	22-25	22	25 28 35	OTHER.	
FRAME OR SHAPE				EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH AND STYLE		
28				48	24	6		

SPECIAL INSTRUCTIONS

- () LENS ONLY
() FRAMES ONLY

plastic

Mail to:
Federal Prison Industries
Box 100
Butner, N.C. 27509

SIGNATURE
USP LVN

DATE

Previous editions not usable

BP-357(00)
MAY 1964

Eyegle Prescription

TRAY NO.		ARRIVAL DATE		PRESCRIPTION NO.					
INSTITUTION:									
CITY									
STATE				ZIP					
LENSES				Siggers LUN 51627-060 ECL-41K an					
EXTRA									
FRAME OR MTG									
MISC									
DISTANCE	R	SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	IN	DEC OUT	
	L	-1.75	-0.50	180					
ADD	R	SEGMENT INSTRUCTIONS				PUPILLARY WIDTH			
	L		HEIGHT	WIDTH	INSET		DIST.	NEAR	
SEG. STYLE		ORTH. F TILLER O	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCA AND TYPE	STRAIGHT TOP	OTHER.
		22		22	22-24	22-25		22 28 45 25 35	
FRAME OR SHAPE				EYE SIZE		BRIDGE SIZE		TEMPLE LENGTH AND STYLE	
28				Smoth		45		24 6	

SPECIAL INSTRUCTIONS

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() FRAMES ONLY

plastic

Mail to:
Federal Prison Industries
Box 100
Butner, N.C. 27509

SIGNATURE
USP LVN

DATE

Previous editions not usable

BP-357(60)
MAY 1984

Eyeglass Prescription

TRAY NO.		ARRIVAL DATE		PRESCRIPTION NO.					
INSTITUTION:									
CITY									
STATE				ZIP					
LENSES				Siggers, Kevin 51627-060 FBI-McLean					
EXTRA									
FRAME OR MTG									
MISC									
DISTANCE	R	SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	IN DEC OUT		
	L	-1.75	-0.50	170					
ADD	R	-2.00	-0.50	20					
	L								
		SEGMENT INSTRUCTIONS					PUPILLARY WIDTH		
		HEIGHT	WIDTH	INSET	R	R	DIST.	NEAR	
		R					70	X	
SEG. STYLE		ORTH. F TILLER D	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCAL AND TYPE	STRAIGHT TOP	OTHER
		22		22	22-24	22-25		22 28 45 25 35	
FRAME OR SHAPE				EYE SIZE		BRIDGE SIZE		TEMPLE LENGTH AND STYLE	
28				Smoth		48		24 6	

SPECIAL INSTRUCTIONS

- () LENS ONLY
() FRAMES ONLY

plastic

Mail to:
Federal Prison Industries
Box 100
Butner, N.C. 27509

Christina H...
SIGNATURE DATE 10/23/02
USP LVN



Printed on Recycled Paper

BP-357(60)
MAY 1984

		BILL TO: DIANE CALDWELL FCI MCKEAN HEALTH SVC RT 59, SHANTY ROAD LEWIS RUN PA 16738	
PATIENT NAME 51627-060 LI-10 110666		CUST. NUMBER PD: E	INVOICE NUMBER 145898
Tray No. 7979	Date Processed 11/04/2002	11/18/2002	
R. EYE -1.75 Sphere	-0.50 Cylinder	170 Axis	6.00 Base Curve
L. EYE -2.00	-0.50 Cylinder	20 Axis	6.00 Base Curve
R. EYE Add	Width	0.0 Height	R. EYE 70.0 P.D. 0.0
L. EYE		0.0 Height	L. EYE 70.0 N.P.D. 0.0
FRAME DATA		CHARGES	
Size 48.0 Depth 40.0 E.D. 48.0 D.B.L. 24.0	DESCRIPTION RIGHT LENS 10.0 LEFT LENS 10.0 73-74 12.0 SAFETY 2.0		
Model: 0320271667 TMPL. Length: 48X24 73-74 SMOKE			
EDGED UNCUT <input type="checkbox"/> A <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input checked="" type="checkbox"/>			
LENS DATA			
Type R: SVIND POLY SRC1 GENTEX 70 L: SVIND POLY SRC1 GENTEX 70	Material		
FDA CODE SEC. 3, 84, 21 CFR	NOTE FOLLOWING EXCEPTIONS (1) PLASTIC: Mfr. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.		
COMMENTS: J-10149957 LP-10 11-7979 110666		Sub Total 35.0 Freight Total Due 35.0	
FROM: 5898 POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.	SHIP TO: FCI MCKEAN HEALTH SVC RT 59 BIG SHANTY RD LEWIS RUN, PA, 16738		

 		BILL TO: CREDIT CARD ORDERS A/R CUSTOMER SERVICE CENTER 3301 LEESTOWN ROAD LEXINGTON KY 40583-3640	
PATIENT NAME 51627-060 LI 8		CUST. NUMBER CUST 9991	
1 Tray No. 9641		INVOICE NUMBER 073683	
Date Processed 02/14/01		02/17/01	

R. EYE	-1.50	- .50	160	6.25
	Sphere	Cylinder	Axis	Prism
L. EYE	-1.75	- .50	25	Base Curve 6.25

R. EYE Add Width Height	R. EYE 70.0 P.D. N.P.D. L. EYE 70.0
----------------------------	---

FRAME DATA	CHARGES										
Size 48.0 Depth 40.0 E.D. 48.0 D.B.L. 24.0 SKU: 032027166704 Model 73-74 TMPL. Length: 155 48X24 73-74 SMOKE	<table style="width:100%;"> <tr> <th style="text-align: left;">DESCRIPTION</th> <th style="text-align: left;">PRICE</th> </tr> <tr> <td>RIGHT LENS</td> <td>10.50</td> </tr> <tr> <td>LEFT LENS</td> <td>10.50</td> </tr> <tr> <td>FRAME</td> <td>12.00</td> </tr> <tr> <td>SAFETY</td> <td>2.00</td> </tr> </table>	DESCRIPTION	PRICE	RIGHT LENS	10.50	LEFT LENS	10.50	FRAME	12.00	SAFETY	2.00
DESCRIPTION	PRICE										
RIGHT LENS	10.50										
LEFT LENS	10.50										
FRAME	12.00										
SAFETY	2.00										
EDGED UNCUT <input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input checked="" type="checkbox"/>											







Type	LENS DATA	Material
INDUSTRIAL	POLY	
Right = 75 Left = 75	SRCL	

FDA CODE SEC. 3, 84, 21 CFR THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.	NOTE FOLLOWING EXCEPTIONS (1) PLASTIC: Mfr. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.
---	---

COMMENTS: J 10048767 LI 8 T-9641 <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> OPT A 3 </div> <div style="margin-top: 10px;"> </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Sub Total</td> <td style="text-align: right;">35.00</td> </tr> <tr> <td>TAX</td> <td></td> </tr> <tr> <td>Freight</td> <td></td> </tr> <tr> <td>Total Due</td> <td style="text-align: right;">35.00</td> </tr> </table>	Sub Total	35.00	TAX		Freight		Total Due	35.00
Sub Total	35.00								
TAX									
Freight									
Total Due	35.00								

FROM: <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">73683</div> POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.	SHIP TO: FCI MCKEAN HEALTH SV RT 59 BIG SHANTY RD LEWIS RUN PA 16738
--	--

Eyeglass Prescription

TRAY NO.		ARRIVAL DATE		PRESCRIPTION NO.					
INSTITUTION:									
CITY									
STATE				ZIP					
LENSES									
EXTRA									
FRAME OR MTG									
MISC									
				Siggers, Kevin					
				51627-060					
				FCS-410-00					
DISTANCE	R	SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	IN	DEC	OUT
	L	-1.50	-0.50	160					
ADD	R	-1.25	-0.50	25					
	L								
SEGMENT INSTRUCTIONS									
SEG. STYLE	ORTH. F. TILLER D	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCAL AND TYPE	STRAIGHT TOP		OTHER
									
	22		22	22-24	22-25		22	28	45
							25	35	
FRAME OR SHAPE				EYE SIZE		BRIDGE SIZE		TEMPLE LENGTH AND STYLE	
28				5mm6		48		24 6 1/4	

SPECIAL INSTRUCTIONS

- () LENS ONLY
() FRAMES ONLY

Plastic

Mail to:
Federal Prison Industries
Box 100
Butner, N.C. 27509

SIGNATURE
USP LVN

DATE

Cheney [Signature] 2/7/01



Printed on Recycled Paper

BP-357(60)
MAY 1984



SUSAN CZEKAI
FCI MCKEAN HEALTH SVC
RT 59 BIG SHANTY RD
BRADFORD, PA 16701

P.O. Box 1000
 100 North Carolina Hwy 75
 Banner, North Carolina 27509-1000
 Phone: (919) 575-4072

PATIENT

51627-060 SIG RS
LI27

R	POWER		105	Δ IN	Δ OUT	Δ UP	Δ DOWN	O.C.	35.0	35.0
	-1.00	-0.75								
L	SPHERE		15	ANSI Z80.1 TOLERANCE DISTANCE	70.0	2.0	DEC.	2.0	INSET	TOTAL
	-1.00	-0.75								
R	SEGMENT		5.50	CENTER	EDGE	5.50	BASE CURVE	5.50	PRICE	35.00
	ADD	HEIGHT								
L	BASE CURVE		5.50	BLANK	SIZE	5.50	BASE CURVE	5.50	PRICE	35.00
	ADD	HEIGHT								
R	SINGLE VISION		COATED		LENS COLOR		COATED			
L	SINGLE VISION		COATED		LENS COLOR		COATED			
INDUSTRIAL THICKNESS 3.0 MM										
BILLED TO ACCT 9991										
TOTAL RX PRICE										
USE FINISHED ONLY										



MEQ.	FRAME NAME	LAB SUPPLIED	FRONT/CHASSIS COLOR
USS	83-84		SMOKE
EYE	DBL	TRIM STYLE	TRIM COLOR
52	22		
TPL. SIZE	TEMPLE STYLE		TEMPLE COLOR
6.00	73-83-T		SMOKE

Kevin J. Siggers

JOB NO.	PATIENT NAME	TOTAL	35.
05815	51627-060 SIGGERS		
ACCOUNT NAME	TRAY	DATE	REF. NO.
SUSAN CZEKAI	3580	02/19/99	I -289

SHIPPING ORDER

Eyeglass Prescription

TRAY NO.		ARRIVAL DATE		PRESCRIPTION NO.					
INSTITUTION:									
CITY									
STATE				ZIP					
LENSES				SIGG, KENN 51027-000 F-1-1200 as					
EXTRA									
FRAME OR MTG									
MISC									
DISTANCE	R	SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	IN	DEC	OUT
	L	-1.00	-0.75	105					
ADD	R	-1.00	-0.75	15					
	L								
SEGMENT INSTRUCTIONS									
SEG. STYLE	ORTH. F TILLER O	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCA AND TYPE	PUPILLARY WIDTH		
							DIST.	NEAR	OTHER
							70		
							22	28	45
							25	35	
FRAME OR SHAPE				EYE SIZE		BRIDGE SIZE		TEMPLE LENGTH AND STYLE	
29				52		24		6 1/2	

SPECIAL INSTRUCTIONS

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() FRAMES ONLY

Mail to:
Federal Prison Industries
Box 100
Butner, N.C. 27509

SIGNATURE
USP LVN

DATE

Previous editions not usable

BP-357(80)
MAY 1984

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

[illegible]

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE	
8-5-03	SOA: Routine Care patient		
0830 hrs	P: rescheduled due to fog watch		
		Jody L Batista	
		J.L. Batista, RDH	
		FCI McKean	
		W. K. Collins, DDS	
		CDO	
		FCI McKean	
08/25/03	SOA: Premedication required for patient's next visit		
0836 hrs	P: Rx: Clindamycin 150 mg. x 4, Told all of medication one hour before procedure.		
	Reviewed By: V. Geza, PharmD	William K. Collins, D.D.S.	
		CDO	
		FCI McKean	
8/26/03	SOA: Routine Care patient - patient took premed		
0830 hrs	as prescribed		
	P: update medical hist. no changes, scale		
	↓ Rt side with anesthesia given by Dr		
	Collins 3 capsules 2% lidocaine, 1:100,000 Epi.		
	polished, topical fluoride applied		
		Jody L Batista RDH	
		J.L. Batista, RDH	
		FCI McKean	

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

Siggers Kevin

REGISTER NO.

51627-060

WARD NO.

DENTAL TREATMENT RECORD
W. K. Collins, DDS HRSA-23 (4/95)
CDO
FCI McKean

EF

CDO
M. K. Collins, D.D.S.

BP-S618.060 CLINICAL DENTAL RECORD CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☐ Screening ☒ Comprehensive ☐ Periodic

Occlusion

Class I

Oral Hygiene

Good

Fair

Poor

CPITN

3	2	3
3	2	3

Head & Neck/Soft Tissue

5-6-03 except for:
 ✓ white area left lat border papilla
 STWAL
 Watch area
 2 1/2 - 3 mm diameter
 8/26/03
 Dr Collins measured area

Additional Findings

D: 0

M: 8

F: 2

↓ ant crowding

area
 2 1/2 - 3 mm
 diameter
 8/26/03
 Dr Collins
 measured
 area

Treatment Completed

Recommended Treatment Plan

☒ Radiographs 4 BWK 5-6-03☒ Dental Prophylaxis 5-14-03☒ Oral Hygiene Instruction 5-14-03☒ Periodontal Evaluation 0 I II III☐ Oral Surgical Procedures☐ Endodontic☐ Restorative☐ Prosthodontic Evaluation

Patient Name

Siggers, Kevin

Number

51627-060

Sex: M F

Age:

8/22/70
33

Dentist Signature

Date

5-6-03

William K. Collins, D.D.S.

CDO

FCI McKean

FCI McKean

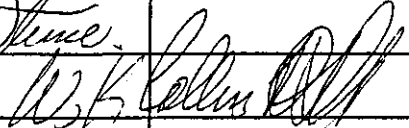
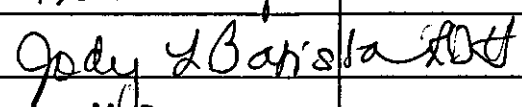
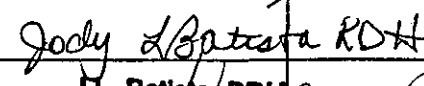
premedicate



PRINTED ON RECYCLED PAPER

HRSA-237 (4/95)
(REVERSE)

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
06/25/03 0820 hrs	56A: Premedication required for next procedure. P. Geza ^{Geza} PharmD ^{PharmD} : Clindamycin 150mc, x 4, Take all 4 at one time.	 William K. Collins, D.D.S. CDO FCI McKean
6-30-03 0930 hrs	Soa: Routine care patient. P: inmate failed to show for appt. was not on call out but had an appointment card. (said his work would not let him go for his appt.) rescheduled. Reminded him to pick up premedication (he stopped at clinic ~ 1 1/2 hour after scheduled appt.)	 Jody L. Batista, RDH FCI McKean CDO
7.16-03 0930 hrs	Soa: Routine care patient P: patient is ill will reschedule (he did come to clinic to let us know) will reschedule.	 Jody L. Batista, RDH FCI McKean W. K. Collins, DDS CDO FCI McKean

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	FCI NUMBER	SIGNATURE
6-16-03	SOA: Routine Care patient.		
0930 hrs	P: update medical history, patient took premed, scale max & mand left quadrants with anesthesia given by Dr Collins Scandonest 2% L with Juvenordefrin 1:20,000 5 Carpules used ultrasonic scaler & hand scalars Next: scale Mand & Rt quadrant with anesthesia fine scale other quad. no anesthesia Jody L Batista RDH		
		J.L. Batista, RDH FCI McKean	
		William K. Collins, D.D.S. CDO FCI McKean	
06/16/03	SOA: Patient has artificial joint & plates in hip; premedication required. P: Rx: Clindamycin 150 m.g., x 4 take all 4, one hour before procedure.		
1029 hrs			
	6/17/03 Reviewed By: V. Geza, PharmD		W. K. Collins, DDS CDO FCI McKean

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

Siggers, Kevin

REGISTER NO.
51627-060

WARD NO.

FCI McKean

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

EF

Premedicate

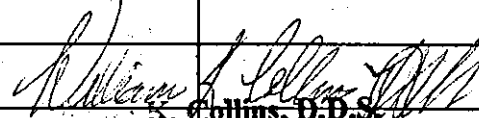
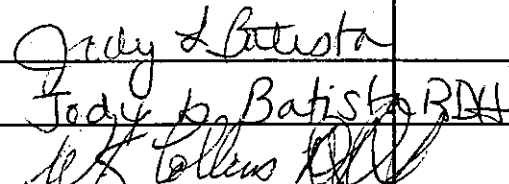
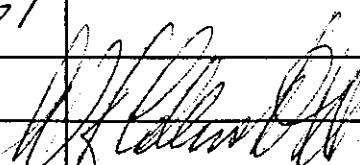
Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
5-6-03		800: Routine care patient
1030hrs		P: Update med hist. joint replacement - requires premedication will reschedule
		4 Bux & soft tissue exam completed today
		Next: complete scaling, polish, perio probe
		topical fluoride & oral hygiene
		instru
		Jody Batista RDA
		Jody L Batista RDA
		William K. Collins RDA
		William K. Collins, D.D.S.
		CDO
		FCI McKean
05/07/03		5: Continuation of Scaling Procedure
0720hrs		O: Med Hx. Rev: PCN Allergy
		Presence of artificial hip joint
5/7/03		A: Artificial hip joint (prosthesis) present
W. K. Collins, D.D.S.		P: Rx: Oxycodone 150mg x 4, Take 1 hour
Violetta Gera, Pharm.D. RPh		before procedure.
Ch... ..		William K. Collins, D.D.S.
Pharmacist		CDO
		FCI McKean
5-14-03		500: Pt took premedication as instructed
0930hrs		(per inmate himself.) Routine care patient
		P: inmate was too sensitive with scale will
		return for anesthesia right side. perio probed
		reviewed oral hygiene instru - brushing
		Next: Scale right side with anesthesia + premedication
		Jody Batista
		Jody L Batista
		W. K. Collins, D.D.S.
		CDO
		FCI McKean

HSA-237 (4/95)
(REVERSE)

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
05/20/03 1645 hrs	P: Rx: Clindamycin 150mg x 4; Take all 4 tabs one hour before procedure.	[Signature]
5/21/03	Reviewed By: [Signature] V. Geza, PharmD	[Signature]
		W. K. Collins, DDS Chief of Dental
06/03/03 0945 hrs	S: "My gums have been sore since last week" (Patient points to his upper (R) jaw)	
	O: Med. Hx. Good; Allergy to PCN & Bactrim; no other reports stomach slight tenderness to palpation of buccal gingiva; color appears normal.	
	A: Possible mechanical trauma from eating.	
	P: Patient to be placed back on medication and monitored: RTC if symptoms persist.	
	Rx: Clindamycin 150mg x 30, q 12h Ibuprofen 800mg x 20, q 8h.	[Signature] William K. Collins, D.D.S. CDO FCI McKean
6/4/03	Reviewed By: [Signature] V. Geza, PharmD	

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE	
05/14/03 1550 hrs	SOA: Premedication req'd. before scaling procedure is performed; med hx: - P: Rx: Clindamycin 150 mgs x 4; Take 1 hour before procedure. allergy: PCN + Bactrim	 W.K. Collins, DDS Chief Pharmacist	
5-16-03 0830 hrs	SOA: Routine care patient p. update medical hist, patient took premed as prescribed scaled max right quadrant with anesthesia given by Dr Collins 3 carpules Scandonest 2% L with Levonordefrin 1:20,000 - used ultrasonic scaler & hand scalars. Next: Scale left side w/ anesthesia	 Jody Batista RDA W.K. Collins DDS W.K. Collins, DDS CDO FCI McKean	
05/20/03 9645 hrs	SOA: Premedication req'd for prosthesis: plate & pin in hip P: Med Hx. No d. Allergies to Penicillin & Bactrim; Motion supports; etc.	 W.K. Collins DDS	

PATIENTS IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NC

5760

WARD NO

mins, DD

Interview

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

EF

Attachment IV-E, Page 1

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication?
If so, what? _____ yes ☒ no
2. Are you allergic to or have you had a reaction
to any medication or drug? If so, what?
_____ Penicillin, Bacrim yes ☒ no
3. Have you been under the care of a physician during
the past two years? If so, why? _____ Infection yes ☒ no
4. Have you been hospitalized in the past two years?
If so, why? _____ yes ☒ no
5. Do you have or have you ever had a heart murmur
or been treated for a heart condition? yes ☒ no
6. Do your ankles ever swell during the day? yes ☒ no
7. Have you ever been treated for a tumor or growth? yes ☒ no
8. Have you ever had abnormal bleeding? yes ☒ no
9. Have you ever had serious difficulty with any
dental treatment? yes ☒ no
10. Have you ever had clicking, popping, or pain
in your jaw joint? yes ☒ no

Circle any of the following that you have had:

Congenital heart defects
 Heart attack or heart problems
 Stroke
 Rheumatic Fever
 Asthma
 Anemia (blood problems)
 Thyroid problems
 Chronic bronchitis
 Venereal disease (syphilis, gonorrhea)
Arthritis
 Artificial heart valve
 Hepatitis

- Heart murmur
- Angina
- High Blood pressure
- Heart pacemaker
- Epilepsy or seizures
- Diabetes
- AIDS or HIV infection
- Emphysema
- Tuberculosis (TB)
- ~~Psychiatric treatment~~
- ~~Artificial joint~~

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)? yes no

Do you have any disease, condition, or problem not listed? *NE*
WOMEN ONLY: Are you pregnant?

Name: KEVIN L. SIGGERS SR. Reg No. 51627066
Institution: FCI McKEAN Date: 5-6-03

D... ..dinate,

BP-S618.060 CLINICAL DENTAL RECORD CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☒ Screening ☐ Comprehensive ☐ Periodic

Occlusion

2ND 13₁ - 2ND 13₁

Oral Hygiene

Good

Fair

Poor

CPITN

1	1	1
1	1	1

Head & Neck/Soft Tissue

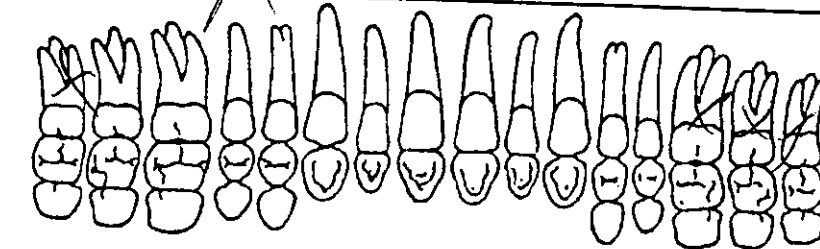
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Additional Findings

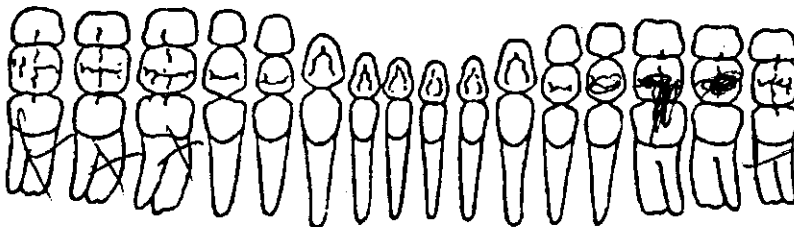
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M: 8

F: 2

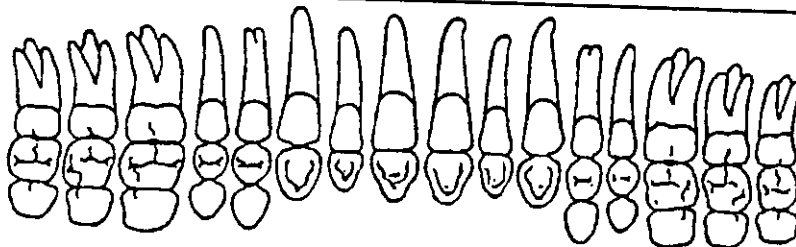


RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

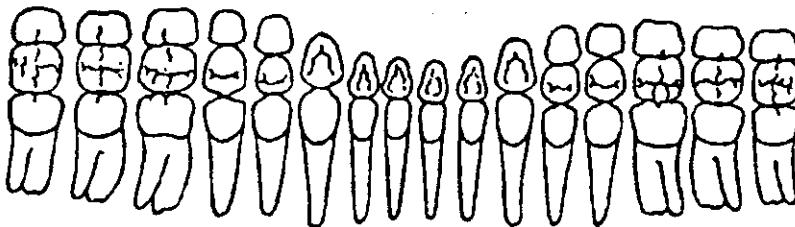


Treatment Completed

Recommended Treatment Plan

☒ Radiographs☒ Dental Prophylaxis☒ Oral Hygiene Instruction☐ Periodontal Evaluation 0 I II III☐ Oral Surgical Procedures☐ Endodontic☒ Restorative☐ Prosthodontic Evaluation

RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Patient Name Number Sex: M F Age:

SIEGERS, KEVIN 51627-060

FCI # KEVIN

Dentist Signature

Date

WG. STERBA DDS

10/28/98

U.S. Bureau of Prisons
Dental/Medical History Form

1. Are you presently taking any medication?
If so, what? TRANZADONE ☒ Yes ☐ No
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? PENICILLIN ☒ Yes ☐ No
3. Have you been under the care of a physician during the past two years? If so, why? URINARY INFECTION ☒ Yes ☐ No
4. Have you been hospitalized in the past two years?
If so, why? FRACTURED T-12 BONE IN BACK ☒ Yes ☐ No
5. When you walk upstairs or take a walk, do you ever have to stop because of pain in your chest, shortness of breath, or because you feel very tired? ☒ Yes ☐ No
6. Do your ankles ever swell during the day? Yes ☒ No
7. Have you ever been treated for a tumor or growth? Yes ☒ No
8. Have you ever had abnormal bleeding? Yes ☒ No
9. Have you had any serious difficulty with any previous dental treatment? Yes ☒ No

Circle any of the following that you have or have had:

Congenital heart defects	Heart murmur
Heart attack or heart trouble	Angina
Rheumatic Fever	<u>High blood pressure</u>
Stroke	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia(blood problems)	Diabetes
Hepatitis	AIDS or HIV infection
Thyroid problems	Emphysema
Chronic bronchitis	<u>Tuberculosis (TB)</u>
<u>Venereal disease</u> (syphilis, gonorrhea)	<u>Psychiatric treatment</u>
<u>Arthritis</u>	<u>Artificial Joint Prosthesis</u>
Artificial Heart Valve	

Do you have any disease, condition, or problem not listed? Yes ☒ No

WOMEN ONLY: Are you pregnant? Yes ☐ No

Name KEVIN L. Siggers Sr.

Reg. No. 51627-060

Institution MC KEAN

Date 10-28-98

Reviewed
61 10/28/98

BP-S618.060 CLINICAL DEN RECORD CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☒ Screening ☐ Comprehensive ☐ Periodic

Occlusion

Oral Hygiene

Good

Fair

Poor

CPITN

222222

Head & Neck/Soft Tissue

WNL

Additional Findings

D:

1

M:

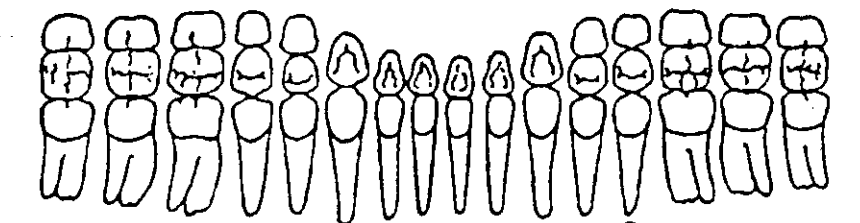
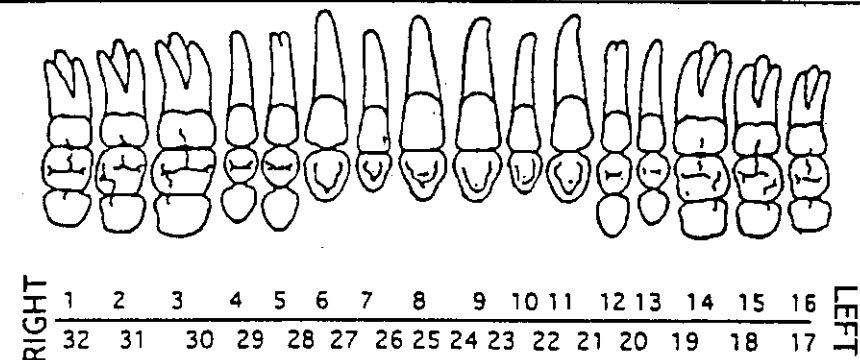
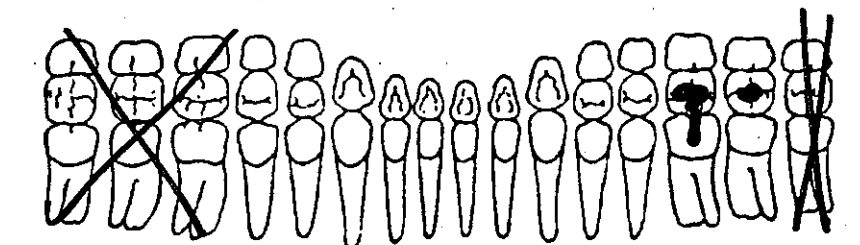
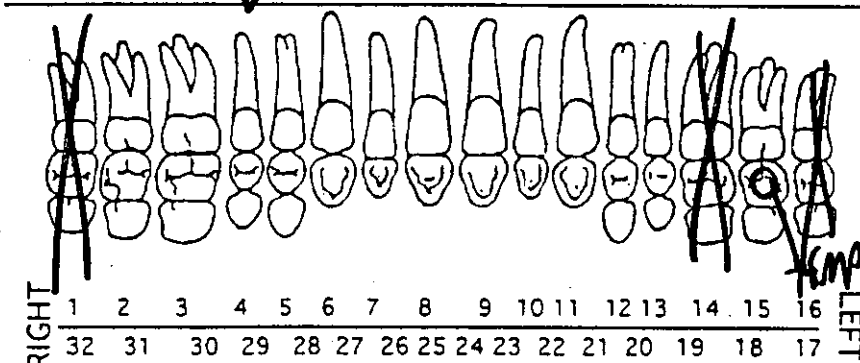
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Treatment Completed

Recommended Treatment Plan

☐ Radiographs☐ Dental Prophylaxis☐ Oral Hygiene Instruction☐ Periodontal Evaluation 0 I II III☐ Oral Surgical Procedures☐ Endodontic☐ Restorative☐ Prosthodontic EvaluationPatient Name Number Sex: M F Age:

J. GIGERS, KEVIN L

51627-060

DOB 08-22-1970
FMC ROCHESTER, MN

Dentist Signature

Date

K.T. Schlepp, D.D.S.
FMC Rochester, MN

4-10-98

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
4-10-98 0930		A&O exam. Dental sick call and waiting list procedures explained. K.T. Schlepp, D.D.S. FMC Rochester, MN
4-14-98 0715		(S) Pw U.L. (D) #15 has temp restoration. Braking down canis present CA large canis Temp breakdown (P) R/S to restore I.P.A.X. K.T. Schlepp, D.D.S. FMC Rochester, MN
4/16/98 0830		Oper - Xy/N ^{1/2} / 1' III, III Eyr / 1/2 cup - excavated #15 - removed old temp - slight pulp exposure (moderate) - Kotae orange ^(DO) - to do root canal if pain arises Rochester F.M.C. D.D.S. FMC Rochester

DENTAL SCREENING

1. Are you in good health? YES ☒ NO
2. Has there been any change in your health in the past year? YES ☒ NO
3. Have you been under the care of a physician during the past two years? YES ☒ NO
4. Are you taking any drug or medicine or pills of any kind? YES ☒ NO
5. Are you allergic to penicillin or any drugs or medicine?
If yes, what? HAVE TO CHECK NAME WITH MY DOC YES ☒ NO
6. Are you allergic to any foods or materials?
If yes, what? Eggs YES ☒ NO
7. Have you ever had excessive bleeding requiring special care? YES ☒ NO
8. Have you ever used Intravenous drugs? YES ☒ NO
9. Circle any of the following which you have had:
- | | | |
|----------------------------------|-----------------------------------|-------------------------|
| Heart trouble | Asthma | Stroke |
| Artificial Heart Valve | Constant Cough | Epilepsy |
| Congenital Heart Lesions | Diabetes | Anemia |
| Cardiac Pacemaker | <u>Knee, Hip or Joint Surgery</u> | Sinus Trouble |
| Artificial Vein or Artery Grafts | Cancer Treatment | Tuberculosis |
| Heart Murmur | Jaundice | <u>Arthritis</u> |
| High Blood Pressure | Hepatitis | <u>Venereal Disease</u> |
| Rheumatic Fever | | |
10. Have you had any other serious illness or operation?
If yes, what was the problem? Hip Replacement YES ☒ NO
11. Have you had any serious trouble associated with any previous dental treatment? If yes, explain _____ YES ☒ NO
12. Do you have any disease, condition, or problem not listed above that you think I should know about. If yes, explain _____ YES ☒ NO
13. (WOMEN) Are you pregnant now? YES ☒ NO

FMC-ROCHESTER
P.O. BOX 4600
ROCHESTER, MINNESOTA

David L. Sizer Jr.
NAME AND REGISTRATION NUMBER

4-10-98
DATE

Dental Screening

- | | | |
|---|------------------------|------------------------|
| 1. ¿Esta usted en buena salud? | SI | NO |
| 2. ¿Ha habido algún cambio en su salud en este último año? | SI | NO |
| 3. ¿Ha estado usted bajo el cuidado de un médico durante los dos últimos años? | SI | NO |
| 4. ¿Ha estado usted tomando algún tipo de droga, medicina o pastillas de cualquiera clase? Si la respuesta es si, ¿Que clase? _____ | SI | NO |
| 5. ¿Es usted alérgico ha la penicilina , algún tipo de droga o medicina? Si los es, ¿Cuál? _____ | SI | NO |
| 6. ¿Es usted alérgico ha alguna comida o alguna otra cosa? Si las repuesta es si, ¿Cuál? _____ | SI | NO |
| 7. ¿Alguna vez ha tenido usted desangre excesivo qué requiera tratamiento especial? | SI | NO |
| 8. ¿Ha usado usted drogas intravenosa? | SI | NO |
| 9. Marque cual de los siguientes problems de salud ha sufrido: | | |
| Problemas del corazón | Asma | Hemorragia cerebal |
| Valvula artificial del corazón | Tos constante | Epilepsia |
| Lesiones congenitales del corazón | Diabetes | Anemia |
| Marcapaso cardiaco | Cirugía articulaciones | Problemas de sinusitis |
| Venas artificiales o unidas | Tratamiento de cancer | Tuberculosis |
| Soplo al corazón | Icteria | Artritis |
| Alta presión de sangre | Hepatitis | Enfermedad Venerea |
| Fiebre reumatica | | |
| 10. ¿Ha tenido usted alguna enfermedad seria u operación? Si la respuesta es si, ¿Cual fue el problema? _____ | SI | NO |
| 11. ¿Ha tenido usted algún problema serio asociado con algún tratamiento dental previamente? Si la repuesta es si, explique. _____ | SI | NO |
| 12. ¿Tiene usted alguna enfermedad, condisción o problema que no esta en esta lista y usted piensa que nosotros debemos saber. Si la respuesta es si, explique. _____ | SI | NO |
| 13. (MUJER SOLAMENTE) ¿Esta usted embarazada? | SI | NO |

NOMBRE _____ REG. NO. _____ FECHA _____

INFORMED CONSENT FOR ORAL & MAXILLOFACIAL SURGERY

PROCEDURE: Extraction #15

Alternative to Surgery: I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Loss of additional teeth
3. Pain

Possible complications which have been explained to me:

1. Pain
2. Dry socket
3. Infection
4. Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery and increased risk of complications
5. Bleeding and bruising
6. Swelling
7. Injury to adjacent teeth or fillings
8. Maxillary sinus involvement
9. Nerve injury
10. Bony fractures

I have had the opportunity to discuss my surgery with Dr. Touet and to ask questions.

I consent to the surgery as described.

Date: 10/1/98

Inmate: Kearl Lige Jr # 51627-060

Doctor: Eric Touet

Dr. Eric Touet
Chief Dental Officer
Federal Transfer Ctr. OKC, OK

Witness: _____
(Not Required)

Federal Transfer Center
OKC, OK

PERMISO PARA CIRUGIA ORAL & MAXILOFACIAL

Procedimiento: _____

Alternativa a la cirugía: Entiendo que si no me hacen este procedimiento se podría empeorar este problema. Resultados posibles incluyen:

1. Infección
2. La pérdida de otras muelas
3. Dolor

Se me han explicado estas complicaciones posibles relacionadas con la cirugía.

1. Dolor.
2. Alveolo seco.
3. Infección.
4. Puede que se decida dejar un pedacito de la raíz de la muela si se ve que el proceso de extraerla requiere cirugía mas complicado y podría resultar en otras dificultades.
5. Pérdida de sangre, cardenales.
6. Hinchazón.
7. Daño a otras muelas o al empaste de otra muela.
8. Perforacion del seno maxilar.
9. Daño a un nervio.
10. Fractura de hueso.

Se me ha ofrecido la oportunidad de hablar con el/la doctor(a) _____ y de hacerle preguntas acerca de la cirugía; doy el permiso para que me la hagan.

Firma del recluso
(Inmates signature)

Fecha
(Date)

(Firma del dentista)

(Testigo - No Necesaria)

Federal Transfer Center
OKC, OK

**FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**

IDLE, CONVALESCENCE AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED UNIT: CB DATE: 9-26-05
 INMATE'S NAME: Kevin Skyles-Beghtal: Union REG. NO: 51627-060

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

() IDLE: Reason _____ THRU 12 MIDNIGHT _____ 20
 () CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 20
 () RESTRICTED DUTY: Specify exact restriction and reason. No recreation THRU 12 MIDNIGHT _____ 20
No sports
 () TOTALLY DISABLED: _____ THRU 12 MIDNIGHT 12-26-05
 () FULL DUTY: _____

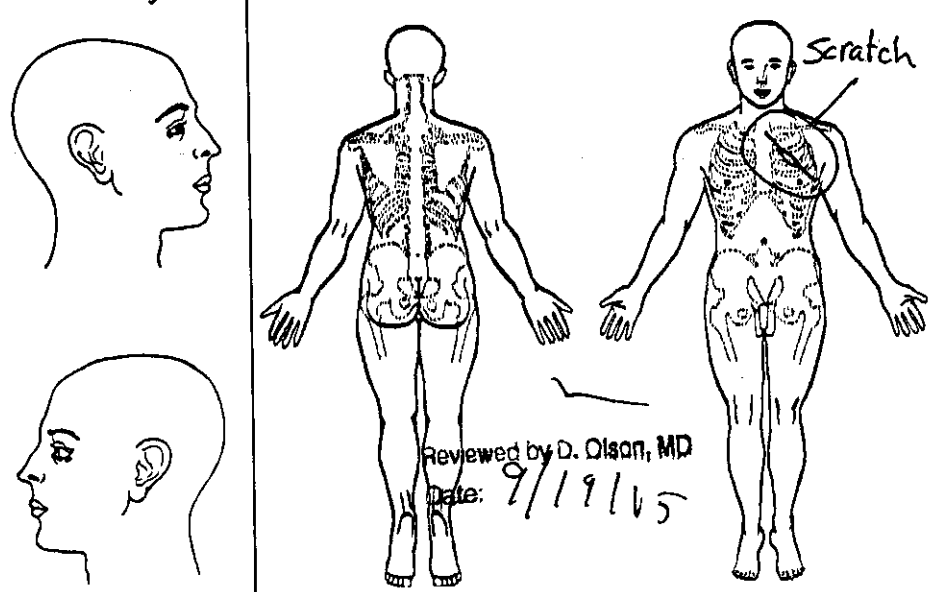
Jimmie S. Ward Physician Assistant

DEFINITIONS AND INSTRUCTIONS
 IDLE STATUS - Temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
 CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
 RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
 TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
 FULL DUTY - No work restrictions because of physical, medical or mental disability.

ORIGINAL - MEDICAL RECORDS GREEN - I.T. OFFICE YELLOW - WORK SUPERVISOR PINK - UNIT OFFICER GOLD - FOR YOUR RECORD AND MUST BE ON YOU AT ALL TIMES

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution FCI - McKean		2. Name of Injured Siggers, Kevin		3. Register Number 51627-060	
4. Injured's Duty Assignment AM - Unicorn / Suicide Watch		5. Housing Assignment CR		6. Date and Time of Injury 9/17/05 1800 HRS	
7. Where Did Injury Happen (Be specific as to location) Rec - Football Field		Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Date and Time Reported for Treatment 9/17/05 1945 HRS	
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) Inmate wa scratched across the (LF) side of chest while playing Flag Football. x/ [Signature] Siggers Signature of Patient					
10. Objective: (Observations or Findings from Examination) Approx 20" Scratch across Inmates		X-Rays Taken _____ Not Indicated <input checked="" type="checkbox"/> X-Ray Results			
LF side of chest, running from Neck to Arm pit. (3) Bleeding Pain Scale 9/10.					
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) Abrasion to LF side of chest.					
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) Cleaned Area with Peroxide. Then applied Bacitracin Ointment to wound. Education: Keep wound clean/Bandaged to prevent Infection. Inmate understood/Agreed.					
13. This Injury Required: <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician [Signature] D. Corbin, Paramedic Signature of [Title] of Physician Assistant FCI-McKean		 <p>Reviewed by D. Olson, MD Date: 9/19/05</p>			

Self Carboned Form - If ballpoint pen is used, PRESS HARD

Original - Medical File
Canary - Safety
Pink - Work Supervisor (Work related only)
Goldenrod - Correctional Supervisor



PRINTED ON RECYCLED PAPER

BP-362(60)
FEBRUARY 1986

**FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED

INMATE'S NAME: Siggers, KevinUNIT: CADATE: 5/14/04DETAIL: UNICORREG. NO. 51627060

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

☒ IDLE: Reason Medical

☐ CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT 5/15/2004

☐ RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19__

☐ TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19__

☐ FULL DUTY:NO Rec For Two Weeks

B. South EMT-P
Physician or Physician Assistant B. Douthit, EMT-P
FCI McKean

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
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FULL DUTY - No work restrictions because of physical, medical or mental disability.

**FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED

INMATE'S NAME: Siggers, KevinUNIT: CADATE: 4/20/04DETAIL: UNICORREG. NO. 51627-060

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

☐ IDLE: Reason _____ THRU 12 MIDNIGHT _____ 19__

☐ CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 19__

☐ RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19__

☐ TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19__

☐ FULL DUTY: _____ THRU 12 MIDNIGHT _____ 19__

No recX 2 WKS

J Glenn
Physician or Physician Assistant FNP

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED

INMATE'S NAME: SIGGERS, KevinUNIT: CADATE: 2-26-04DETAIL: UNICORREG. NO. 51627060

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)☒ IDLE: Reason Medical THRU 12 MIDNIGHT 2/27/04☐ CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 19__☐ RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19__☐ TOTALLY DISABLED:☐ FULL DUTY:+ No Recreation[Signature]
Physician or Physician Assistant**DEFINITIONS AND INSTRUCTIONS**

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED

INMATE'S NAME: Siggers, KevinUNIT: CADATE: 3/12/03DETAIL: UNICORREG. NO. 51627-060

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)☒ IDLE: Reason Medical THRU 12 MIDNIGHT 3/13/03☐ CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 19__☐ RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19__☐ TOTALLY DISABLED:☐ FULL DUTY:J Glenn
FNP-e[Signature]
Physician or Physician Assistant**DEFINITIONS AND INSTRUCTIONS**

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.

RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.

TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.

FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED UNIT: CA DATE: 2/2/03
 INMATE'S NAME: Siggers, Kevin DETAIL: UNICOR REG. NO. 51627-060
 For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- ☒ IDLE: Reason Medical THRU 12 MIDNIGHT 2/4 19 03
☐ CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT ____ 19 ____
☐ RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT ____ 19 ____
☐ TOTALLY DISABLED:
☐ FULL DUTY:

J Glenn

Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
 CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
 RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
 TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
 FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED UNIT: CA DATE: 10/16/02
 INMATE'S NAME: Siggers, Kevin DETAIL: UNICOR REG. NO. 51627-060
 For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- ☐ IDLE: Reason No rec fill THRU 12 MIDNIGHT 11/4 19 02
☐ CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT ____ 19 ____
☐ RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT ____ 19 ____
☐ TOTALLY DISABLED:
☐ FULL DUTY:

No rec, x 1 mo

J Glenn

Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious service, sick call, visits and call outs. No recreation activity.
 CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
 RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
 TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
 FULL DUTY - No work restrictions because of physical, medical or mental disability.

**FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED Siggers UNIT: CA DATE: 9/7/01
INMATE'S NAME: _____ DETAIL: Unrecp REG. NO. 51627-060

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

☒ IDLE: Reason Auto Span THRU 12 MIDNIGHT 9/8 19 2001
() CONVALESCENCE: List any restricted activity for medical reasons. _____
() RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19 ____
() TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19 ____
() FULL DUTY: No Sports
X 1 WK

[Signature]
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

**FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED _____ UNIT: C-A DATE: 9-6-01
INMATE'S NAME: Siggers, Kevin DETAIL: UNICOR REG. NO. 51627-060

For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

☒ IDLE: Reason (L) Ankle injury THRU 12 MIDNIGHT 9/7 19 2001
() CONVALESCENCE: List any restricted activity for medical reasons. _____
() RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19 ____
() TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19 ____
() FULL DUTY: _____

[Signature]
Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
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TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA

AL

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

DO: ALL CONCERNED
 INMATE'S NAME: Siggers, Kevin UNIT: CA DATE: 8/15/00
 For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown. DETAIL: Unit REG. NO. 51627060

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

☐ IDLE: Reason _____ THRU 12 MIDNIGHT 8/16 1900
☐ CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 19____
☐ RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19____
☐ TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19____
☐ FULL DUTY: No Rec 1 month

[Signature]
 Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick visits and call outs. No recreation activity.
 CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work may not participate in any recreational activities outside the unit.
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 TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
 FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

DO: ALL CONCERNED
 INMATE'S NAME: Siggers, Kevin UNIT: CA DATE: 5/12/00
 For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown. DETAIL: Unit REG. NO. 51627060

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

☒ IDLE: Reason Medical THRU 12 MIDNIGHT 5/12 192000
☐ CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 19____
☐ RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19____
☐ TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19____
☐ FULL DUTY: _____

[Signature]
 Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick visits and call outs. No recreation activity.
 CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work may not participate in any recreational activities outside the unit.
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 FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED UNIT: _____ DATE: 12/27/99
 INMATE'S NAME: Shapiro, Kevin DETAIL: _____ REG. NO. 51627-060
 For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- ☐ IDLE: Reason _____ THRU 12 MIDNIGHT _____ 19 ____
☒ CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT 12/30 1999
☐ RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19 ____
☐ TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19 ____
☐ FULL DUTY: _____

[Signature]
 Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
 CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
 RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
 TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
 FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED UNIT: C-4 DATE: 12-16-99
 INMATE'S NAME: Siggers, Kevin DETAIL: #/s REG. NO. 51627-060
 For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- ☒ IDLE: Reason medical THRU 12 MIDNIGHT 12/17 1999
☐ CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 19 ____
☐ RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19 ____
☐ TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19 ____
☐ FULL DUTY: _____

[Signature]
 Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
 CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.
 RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
 TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.
 FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED UNIT: DATE: 6/8/99
 INMATE'S NAME: Siggs, Kevin DETAIL: REG. NO. 51627-060
 For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- ☒ IDLE: Reason _____ THRU 12 MIDNIGHT 6/8 1999
☐ CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 19____
☐ RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19____
☐ TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19____
☐ FULL DUTY: _____

[Signature]
 Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
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 RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.
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 FULL DUTY - No work restrictions because of physical, medical or mental disability.

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL
FCI MCKEAN, PA**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED UNIT: DATE: 11/13/99
 INMATE'S NAME: Siggs, Kevin DETAIL: REG. NO. 51627-060
 For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)

- ☒ IDLE: Reason medical THRU 12 MIDNIGHT 11/14 1999
☐ CONVALESCENCE: List any restricted activity for medical reasons. _____ THRU 12 MIDNIGHT _____ 19____
☐ RESTRICTED DUTY: Specify exact restriction and reason. _____ THRU 12 MIDNIGHT _____ 19____
☐ TOTALLY DISABLED: _____ THRU 12 MIDNIGHT _____ 19____
☐ FULL DUTY: _____

[Signature]
 Physician or Physician Assistant

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.
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